ATTACHMENT C PART 1

SF-600
NSN 7540-634-4176
Health Record

600.

DATE/TIME	Chronological Record of Medical Care Symptoms, Diagnosis, Treatment, Treating Organization (sign each entry)
1/19/06 0840	CLINICS: ( ) Cardiac ( ) Diabetes (✓) Endocrine/ Lipid ( ) Gastro (✓) General ( ) Hypertension (✓) Infectious Disease ( ) Mental Health ( ) Neurology (✓) Ortho/Rheum ( ) Pulmonary ( ) Other **SUBJECTIVE:** (CHIEF COMPLAINT): Nocturia still, Rarely incontinent, overall improved. c/o regular indigestion, tried Lantac before, a/g ē small swelling (R) hand, middle finger painful, Feels good, best in mos. **OBJECTIVE:** (Review System) Age: 50 Sex: Male Race: A Med Compliance: Good B/P: 116/76 P: 72 WT: T: R/R: SO2%: Peak Flow: EKG: **PAIN LEVEL:** 1 2 3 4 5 6 7 8 9 10 N/A Last Optometry Eval: HEENT: No OC/E noted Heart: RRR ϕ m/G Lungs: CTAB ϕ wRR Abdomen: ϕ hsm/m noted BS7 Genital/Rectal: Def. Extremities: Cold Middle (R) ē dry skin to tip. Nails mostly a/l ē pigment. Neurological: GI Recent Lab Results: Discussed Test Results: Yes (✓) No ( ) **ASSESSMENTS:** Raynauds Hematuria HCV Hyper-lipidemia Hx Membranous Glomerulonephropathy BPH

PATIENT'S NAME (LAST, FIRST, MIDDLE INITIAL): Hill, Michael 40428-133
DATE OF BIRTH: 4/30/57 SEX: MALE

40-634-4176

Chronological Record of Medical Care

Record

/TIME | Symptoms, Diagnosis, Treatment, Treating Organization (sign each entry)

DSM IV CLASSIFICATION: For Mental Health CCC

Axis I: Axis II: Axis III: See Assessment Side #1

Axis IV: Incarceration Axis V: GAF SCORE:

PLAN: Change to CCL. Renew Rx.
Routine EKG.
Pain assessment x 30 d.

Utilization Review -

PATIENT EDUCATION: Agreeable to CCL → CCL

(✓) Discussed treatment plan, diagnosis, risks and benefits of treatment.
(✓) Etiology, Complications, Prognosis, Prevention
( ) Diet, Diabetic/Cardiac Lifestyle Changes/Exercise
( ) No tobacco use.
(✓) Medication Dosage/Administration/Compliance/Side Effects
(✓) Patient Understood Topics
(✓) Patient Verbalized Understanding
( ) Instructed if problems or if running out of medication, should sign up for sick call

CR 1-19-06
Entered By
Sarah Richards
Pharmacy Technician

DIAGNOSTIC STUDIES: ( ) CBC/DIFF ( ) U/A ( ) LFT ( ) CHEM PROFILE ( ) LIPIDS ( ) HgA1C ( ) PSA ( ) VIRAL LOAD
( ) CD4 ( ) HEPATITIS PANEL ( ) CXR ( ) EKG ( ) Drug Level: ( ) Other

RETURN TO CLINIC FOR ROUTINE (CCC) FOLLOW UP ON: 3 mo / 30 d pain Assess.

RETURN FOR PHYSICIAN FOLLOW UP ON: prn s/c.

TREATMENT/MEDICATIONS:
Pepto Bismol 2 tabs PO TID prn x 90 d.
Tylenol #3 1 PO BID prn x 30 d.

JAN 19 2006

E. Anderson, PA-C
BF8106975-004

STANDARD FORM 600-BACK

PREVIOUS EDITION IS UBABLE

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
1/3/06 1235	Called by R. Watters CRC about Michael Hill, wants to inform me about letter from Michael Hill. Concern about Nizoral & Tylenol #3. Report to follow [illegible] rson, DO
1/18/06 0730	Admin Note: Records released ltc I/M per this written authorization. See BP60-21. 22 pages released. DBrannon RHIT I Brannon, RHIT

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
FCI GILMER			FCI GILMER
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

Michael Hill
46428 - 133

REGISTER NO. | WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

BF-600
NSN 7540-634-4176
Health Record

600-108

Chronological Record of Medical Care

DATE/TIME	Symptoms, Diagnosis, Treatment, Treating Organization (sign each entry)
12/27/05	CLINICS: ( ) Cardiac ( ) Hypertension ( ) Diabetes (✓) Infectious Disease (✓) Endocrine / Lipid ( ) Pulmonary ( ) Mental Health
1030	( ) Neurology (✓) Ortho/Rheum (✓) General ( ) Gastro ( ) Mental Health ( ) Other
	SUBJECTIVE: (CHIEF COMPLAINT): Still c do Raynauds regularly. helped alot c Tylenol #3, voiding improved, nocturia x1 overall frequency ↓, incontinent down to 1x/day.
	OBJECTIVE: (Review System) Age: Sex: Male Race: Med Compliance:
	B/P: 110/68 P: 72 WT: 171 T: R/R: SO2%:
	PAIN LEVEL: 1 2 3 4 5 6 7 8 9 10 N/A Last Optometry Eval:
	HEENT: PERRLE
	Heart: RRR no/G Psych: Mod Good
	Lungs: CTAB Power Pt's Depression
	Abdomen: NT +BSx4 Back:
	Genital/Rectal: Def.
	Extremities: +CCE Feet:
	Neurological: CoI (A) Hand Blue Digit Tips +ulcers
	Recent Lab Results: (B) Hands cold
	Discussed Test Results: Yes (✓) No ( )
	ASSESSMENTS: Raynauds
	Hematuria
	HCV
	Hyperlipidemia
	Hx Mic. Glomerulonephropathy
	BPH
	HBV carrier

RECORDS MAINTAINED AT GILMER

PATIENT'S NAME (LAST, FIRST, MIDDLE INITIAL): Hill, Michael SEX: MALE

IDENTIFICATION NUMBER: 40428-133

DATE OF BIRTH: 4/30/57

SF-600
NSN 7540-634-4176
Health Record

600-108

Chronological Record of Medical Care

DATE/TIME	Symptoms, Diagnosis, Treatment, Treating Organization (sign each entry)
	DSM IV CLASSIFICATION:
	Axis I: Axis II: Axis III: See Assessment side 1
	Axis IV: Incarceration Axis V: GAF SCORE:
	PLAN: Cont Rx
	Labs
	URC- ☐
	PATIENT EDUCATION:
	(✓) Discussed treatment plan, diagnosis, risks and benefits of treatment Inform re new Rx
	(✓) Etiology, Complications, Prognosis, Prevention of on going issues
	(✓) Diet, Diabetic/Cardiac Lifestyle Changes/Exercise
	(✓) No Smoking
	(✓) Medication Dosage/Administration/Compliance/Side Effects
	(✓) Patient Understood Topics
	(✓) Patient Verbalized Understanding
	(✓) Instructed if problems or if running out of medication, should sign up for sick call
	DIAGNOSTIC STUDIES: ( ) CBC/DIFF ( ) U/A ( ) LFT ( ) CHEM PROFILE ( ) LIPIDS ( ) HgA1C ( ) PSA ( ) VIRAL LOAD
	( ) CD4 ( ) HEPATITIS PANEL ( ) CXR ( ) EKG ( ) Drug Level: ( ) Other
	RETURN TO CLINIC FOR ROUTINE FOLLOW UP ON: 1 mo
	RETURN FOR PHYSICIAN FOLLOW UP ON: —
	TREATMENT/MEDICATIONS:
	Tylenol #3 1 PO BID X 30 d
	Coreg 25 mg 1 PO q day X 180 d.
	Flomax 0.4 mg 1 PO q day X 180 d.
	Nifedipine ER 90 mg 1 PO q day X 180 d.
	E. Anderson, DO

BP8106975-004
STANDARD FORM 600-BACK

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
12/16/05 1330	ADMIN NOTE: NONFORM. REQUEST FOR FLOMAX APPROVED. RX: FLOMAX 0.4MG PO DAILY X 180 DAYS. E. Anderson, DC Date 12/16/05 Rene M. Dye Pharm. RPH
12/19/05 1530	I/m seen @ main line. Request resubmittal of NF b/c incorrect info. states Hx ACE I Allergy. Hx multiple renal issues. will resubmit. E. Anderson, DC Date 12/19/05 Also c/o ↑ pain during cold. will ↑ T3 for next few mos. during winter only. Rx Tylenol #3 1 PO BID x 30d. E. Anderson

DEC 20 2005

BF8106975-004

STANDARD FORM 600 (REV. 6-97) BACK

ISN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
12-13-05 1010	Admin Note: Requested information faxed to M Eason, Program Analyst. 33 pages faxed Brannon, RHIT BBrannonRHIT
12-14-05 1400	S/ FU for Rheumatology appt NO new C/O O/ Pt eval for Raynaud's by Rheumatologist who recommended Rx Cozaar 25 mg 1 po qd 2s will be C3-4, AST, CREAT A/P Raynauds non-form request for Cozaar 25 mg 1 qd labs ordered [signature] MIDLEVEL
2/16/05 0800	PHARM. NOTE: NONFORMULARY REQUEST FOR COZAAR DENIED (SEE SECTION 6). I/M SCHEDULED W/ MD FOR F/U. R. DYE, PHARM.D, RPh

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
GILMER			
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle, ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.	WARD NO.

Hill, MICHAEL
40428-133
4-30-57

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

NSN 7540-634-4176

Health Record

Chronological Record of Medical Care

DATE/TIME	Symptoms, Diagnosis, Treatment, Treating Organization (sign each entry)
12/1/05 0900	CLINICS: ( ) Cardiac ( ) Hypertension ( ) Diabetes (✓) Infectious Disease ( ) Endocrine (✓) Lipid ( ) Pulmonary ( ) Mental Health ( ) Neurology (✓) Ortho/Rheum (✓) General ( ) Gastro ( ) Mental Health ( ) Other
	SUBJECTIVE: (CHIEF COMPLAINT): hx of mm. incont - Sx Sbl present Pending Urology consult. Raynauds Sx controlled c L3
	OBJECTIVE: (Review System) Age: Sex: Male Race: Med Compliance: Good
	B/P: 115/68 T: 72 WT: T: R/R: SO2%: Peak Flow: EKG:
	PAIN LEVEL: 1 2 3 4 5 6 7 8 9 10 N/A Last Optometry Eval:
	HEENT: NML
	Heart: Reg Rate/Rhythm
	Lungs: CTABS
	Abdomen: Soft NT
	Genital/Rectal: —
	Extremities: ∅ Edema
	Neurological: ∅ C/C/C intact
	Recent Lab Results: CMP
	Discussed Test Results: Yes (✓) No ( ) CMP
	ASSESSMENTS: Raynauds Phenom Chronic hematuria HCV hypertriglyceridemia Hx of Membranous Glomerulopathy BPH

RECORDS TAINED AT ILMER

FICATION ER

PATIENT'S NAME (LAST, FIRST, MIDDLE INITIAL) Hill, Michael SEX: MALE

DATE OF BIRTH 4-30-57

40428-133

600-10

SF-600
NSN 7540-634-4176
Health Record

Chronological Record of Medical Care

DATE/TIME	Symptoms, Diagnosis, Treatment, Treating Organization (sign each entry)
12-1-05 0900	**DSM IV CLASSIFICATION:**
	Axis I: Axis II: Axis III:
	Axis IV: Axis V: GAF SCORE:
	PLAN: Refill T3 for Pzi 2° Reynaud's
	✓ CMP, CBC on next visit
	UR–Consult completed/UR form completed N/A
	PATIENT EDUCATION:
	(✓) Discussed treatment plan
	(✓) Etiology, Complications, Prognosis, Prevention
	(✓) Diet, Diabetic/Cardiac Lifestyle Changes/Exercise
	( ) No Smoking
	(✓) Medication Dosage/Administration/Compliance/Side Effects
	(✓) Patient Understood Topics
	(✓) Patient Verbalized Understanding
	(✓) Instructed if problems or if running out of medication, should sign up for sick call
	DIAGNOSTIC STUDIES: ( ) CBC/DIFF ( ) U/A ( ) LFT ( ) CHEM PROFILE ( ) LIPIDS ( ) HgA1C ( ) PSA ( ) VIRAL LOAD
	( ) CD4 ( ) HEPATITIS PANEL ( ) CXR ( ) EKG ( ) Drug Level: ( ) Other
	RETURN TO CLINIC FOR ROUTINE FOLLOW UP ON:
	RETURN FOR PHYSICIAN FOLLOW UP ON: 1 mth
	TREATMENT/MEDICATIONS:
	Tylenol #3 ii tabs qd @ 1930, ii tabs on Fri only @ 0630 #2
	(Bm6524424)
	V

STANDARD FORM 600-BACK

NSN 7540-634-4176

600-108

Health Record

Chronological Record of Medical Care

DATE/TIME	Symptoms, Diagnosis, Treatment, Treating Organization (sign each entry)
11-3-05	CLINICS. ( ) Cardiac ( ) Hypertension ( ) Diabetes (✓) Infectious Disease (✓) Endocrine (✓) Lipid ( ) Pulmonary ( ) Mental Health
1030	( ) Neurology (✓) Ortho/Rheum (✓) General ( ) Gastro ( ) Mental Health ( ) Other
	SUBJECTIVE: (CHIEF COMPLAINT): Still ± urinary incont. 3-4/10
	Wants to try Rx. Pain well controlled ± T3
	OBJECTIVE: (Review System) Age: Sex: Male Race: Med Compliance:
	B/P 118/72 P: 80 WT: T: R/R: SO2%: Peak Flow EKG:
	PAIN LEVEL: 1 2 3 4 5 6 7 8 9 10 N/A Last Optometry Eval:
	HEENT: ↓DC/E Φ icterus
	Heart: RRR Φ m/G
	Lungs: CTAB Φ wRR
	Abdomen: NT Φ HSM
	Genital/Rectal:
	Extremities: Φ CCE
	Neurological: GI
	Recent Lab Results: VL < 600
	Discussed Test Results: Yes (✓) No ( )
	ASSESSMENTS: (1) Hep B
	(2) Hep C - Tx
	(3) Raynauds - T3
	(4) Glomerulonephritis / cyst
	(5) BPH / trigonitis / incont.
	(6) hx hyperlipidemia - stable

RECORDS MAINTAINED AT FCI GILMER	PATIENT'S NAME (LAST, FIRST, MIDDLE INITIAL) Will, Michael O SEX: MALE 40-138-133
IDENTIFICATION NUMBER	DATE OF BIRTH 4-30-57

SF-600
NSN 7540-634-4176
Health Record

600-108

Chronological Record of Medical Care

DATE/TIME	Symptoms, Diagnosis, Treatment, Treating Organization (sign each entry)
11/3/05	DSM IV CLASSIFICATION:
1030	AXIS I AXIS II AXIS III
	AXIS IV AXIS V GAF SCORE
	would consider qualitative
	PLAN: Cont Rx RIBA HCV after
	- Labs treatment.
	Measures to 50
	UR Consult completed/UR form completed N/A
	PATIENT EDUCATION:
	(✓) Discussed treatment plan
	(✓) Etiology, Complications, Prognosis, Prevention
	(✓) Diet, Diabetic/Cardiac Lifestyle Changes/Exercise
	(✓) No Smoking
	(✓) Medication Dosage/Administration/Compliance/Side Effects
	(✓) Patient Understood Topics
	(✓) Patient Verbalized Understanding
11/3/05	(✓) Instructed if problems or if running out of medication, should sign up for sick call
SR	scheduled, add Lipids
Entered By Sarah Richards Pharmacy Technician	DIAGNOSTIC STUDIES: ( ) CBC/DIFF ( ) U/A ( ) LFT ( ) CHEM PROFILE ( ) LIPIDS ( ) HgA1C ( ) PSA ( ) VIRAL LOAD
	( ) CD4 ( ) HEPATITIS PANEL ( ) CXR ( ) EKG ( ) Drug Level ( ) Other
	RETURN TO CLINIC FOR ROUTINE FOLLOW UP ON: 1 mth
	RETURN FOR PHYSICIAN FOLLOW UP ON:
	TREATMENT/MEDICATIONS: Oxybutnin 5mg q HS x 180d.
	tylenol #3 ii PO q day + ii PO q Friday x 30d.
	E. Anderson, DO BF8106975-004

STANDARD FORM 600-BACK

PREVIOUS EDITION IS USABLE

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

INMATE REQUEST FOR TRIAGE

INMATE COMPLETE THE FRONT SIDE OF THIS FORM ONLY

Today's date: 10/27/05 Your age: 50 Work Assignment: Orderly Unit: C-2

SUBJECTIVE: (Briefly state your question or concern and the solution you are requesting. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.

Complaint (Queja). What is your main problem (cual es su problema principal?): Chronic care medications Nifedipine #60 mg & #30 mg have expired and tylenol #3 at 7:30 pm & 6:15 am daily and Fridays expire 11-02-05 before next chronic care appointment, requesting refills.

History of medical problems (historial de problemas medicos): hep-C, Raynauds, Glomerulopathy, C.T.d.

[ ] none (nada)
[ ] high blood pressure (presion alta)
[ ] heart problems (problemas de corazon)
[ ] asthma (asthma)
[ ] seizures (convulsiones)
[ ] diabetes (diabetes)
[ ] allergies (alergias):

History of mental health problems (historial de problemas mentales): [ ] yes [X] no

How long have you had this problem (durante cuanto tiempo ha tenido este problema)?

[ ] Days (Dias): [ ] Months (Meses): Years (Anos):

List the medications you are taking (que medicinas esta tomando): Interferon, Ribavirin, Nifedipine, tylenol #3

Your signature: Michael Hill

AL OR MEDICAL FACILITY

INMATE DO NOT WRITE ON THE BACK OF THIS FORM

DR'S NAME | STATUS | DEPART /SERVICE | RECORDS MAINTAINED AT

SSN/ID NO. | RELATIONSHIP TO SPONSOR

IS IDENTIFICATION: If oral or written request, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.

REGISTER NO. | WARD NO.

Inmate Name: Michael Hill

Register Number: 40428-133

Institution:

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-91)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	OBJECTIVE. Temperature ____ Pulse ____ Respiration ____
	Weight ____ Oxygen Saturation ____ Blood Pressure ____
	If diabetic, blood sugar via fingerstick ____ mg/dl (normal range 70 -- 120 mg/dl, 1 hour post prandial <180,
	2 hour post prandial <150 mg/dl)
10/27/05	Med Refill
	ASSESSMENT
	PLAN. [ ] This information will be referred to the primary care physician
	[ ] After discussion with the inmate, no appointment for this complaint is necessary at this time.
	[ ] The inmate was education to return to sick call whenever needed
	[ ] Other
	Tylenol #3 ~~i~~ Po q day + ~~ii~~ Po q Friday X30d.
	Nifedipine ER ~~30 mg~~ 60mg q HS X 180 d.
	Ribavirin 200 mg ~~iii~~ Po BID X 180d
	Peg IF α 2A 180 mcg IM q wk X 180d.
	~~Elavil 10mg BID PO + thurs X 180d.~~
	~~Doxazosin 2mg q HS X 180d.~~ ~~Tylenol 500 mg ii BID prn X 180d~~
	~~Satsalate 500mg BID X 180d.~~ Tylenol 500 mg ii BID prn X 180d
	~~Lisinopril 10mg q day X 180d.~~
	~~Hctz 25mg q day X 180d.~~

STANDARD FORM 600 (REV. 6-97) BACK

Please update med list, call ē any inactive Rx.
Thanks Carol E. Anders

SF-600
NSN 7540-634-4176
Health Record

600-108

Chronological Record of Medical Care

DATE/TIME	Symptoms, Diagnosis, Treatment, Treating Organization (sign each entry)
10/4/05	CLINICS: ( ) Cardiac ( ) Hypertension ( ) Diabetes (✓) Infectious Disease ( ) Endocrine (✓) Lipid ( ) Pulmonary ( ) Mental Health
1030	( ) Neurology (✓) Ortho/Rheum (✓) General ( ) Gastro ( ) Mental Health ( ) Other
	SUBJECTIVE: (CHIEF COMPLAINT): Still c d/o bladder spasm, occ incont.
	worse c standing, worse @ night, normal daytime void.
	Doing fair o/w.
	OBJECTIVE: (Review System) Age: Sex: Male Race: Med Compliance:
	B/P: 128/90 P: 72 WT: T: R/R: SO2%: Peak Flow: EKG:
	PAIN LEVEL: 1 2 3 4 5 6 7 8 9 10 N/A Last Optometry Eval:
	HEENT: Pictenus, NC ØDc/E
	Heart: RRR Øm/G
	Lungs: CTAB Øwrr
	Abdomen: NT min Hepatomegaly Øbs
	Genital/Rectal: Def
	Extremities: ØccE
	Neurological: GI
	Recent Lab Results: WBC 1.8 AST/ALT ok.
	Discussed Test Results: Yes (✓) No ( )
	ASSESSMENTS: Hep B
	Hep C - TX
	Raynauds - T3
	Glomerulonephritis / cyst -
	BPH / Trigonitis / Incont.
	Hx Hyperlipidemia - Stable

RECORDS MAINTAINED AT FCI GILMER	PATIENT'S NAME (LAST, FIRST, MIDDLE INITIAL) Hill, Michael SEX: MALE 40428-133
IDENTIFICATION NUMBER	DATE OF BIRTH: 4/30/57

SF-600
NSN 7540-634-4176
Health Record

600-108

Chronological Record of Medical Care

DATE/TIME	Symptoms, Diagnosis, Treatment, Treating Organization (sign each entry)
	DSM IV CLASSIFICATION:
	Axis I: Axis II: Axis III:
	Axis IV: Axis V: GAF SCORE:
	(Oxymorphone 5mg q4h)
	PLAN: Consider add bladder Rx for instability p Hep C Tx. ✓ Labs.
	UR–Consult completed/UR form completed N/A
	Ref. 10/26/05
	PATIENT EDUCATION:
	(✓) Discussed treatment plan
	(✓) Etiology, Complications, Prognosis, Prevention
	(✓) Diet, Diabetic/Cardiac Lifestyle Changes/Exercise
	(✓) No Smoking
	(✓) Medication Dosage/Administration/Compliance/Side Effects
	(✓) Patient Understood Topics
	(✓) Patient Verbalized Understanding
	(✓) Instructed if problems or if running out of medication, should sign up for sick call
	O/w I/w above Tx postponement b/c Interferon ; poss. Neuropathic or liver effect. I/w agree to hold unless absolutely nece. will start p HCV Tx. Cont T3 per pain.
	E. Anderson, DO
	DIAGNOSTIC STUDIES: ( ) CBC/DIFF ( ) U/A ( ) LFT ( ) CHEM PROFILE ( ) LIPIDS ( ) HgA1C ( ) PSA ( ) VIRAL LOAD
	( ) CD4 ( ) HEPATITIS PANEL ( ) CXR ( ) EKG ( ) Drug Level: ( ) Other
	RETURN TO CLINIC FOR ROUTINE FOLLOW UP ON: 1 mo
	RETURN FOR PHYSICIAN FOLLOW UP ON: s/c / p labs.
	TREATMENT/MEDICATIONS:
	T3 as per s/c note.
	E. Anderson, DO

STANDARD FORM 600-BACK

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
10/3/05 12:15	Admin Note: I/m returned from med trip to See Gastroenterologist. NO Changes made in I/m Medications. Will follow up with Doctor C Hamrenm

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
F.C.I. GILMER			
SPONSOR'S NAME	**SSN/ID NO.**	**RELATIONSHIP TO SPONSOR**	
Hill, Michael			

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*

REGISTER NO. 40428-133 | WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

USP LVN

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
9/30/05 12:30	Called to Critical WBC = 1.7. Reviewed chart. Does seem to sick today, no c/o other than RX out. will plan for flu next wk for review of CBC results E. Anderson, DO

HOSPITAL OR MEDICAL FACILITY F.C.I. GILMER	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*

Hill, Michael
40428-133

REGISTER NO. | WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

USP LVN

PREVIOUS EDITION IS OBSOLETE

MEDICAL RECORD — CHRONOLOGICAL RECORD OF MEDICAL CARE — SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

DATE

HR

ABDS
@ 1300

INMATE REQUEST FOR TRIAGE

INMATE COMPLETE THE FRONT SIDE OF THIS FORM ONLY

Today's date: 09, 30, 05 Your age: 50 Work Assignment: orderly Unit: C-2

SUBJECTIVE. (Briefly state your question or concern and the solution you are requesting. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.

Complaint (Queja). What is your main problem (cual es su problema principal?): Tylenol #3 daily at 7:30pm pill line AND tylenol #3 at 6:30 am on fridays need to be re-newed for 30 days. Prescriptions for both ran out october 6th 2005. Please put me down to see doctor before 10-06-05

History of medical problems (historial de problemas medicos): Also, When is my chronic care clinic?

[ ] none (nada) [ ] high blood pressure (presion alta)

[ ] heart problems (problemas de corazon) [ ] asthma (asthma)

[ ] seizures (convulsiones) [ ] diabetes (diabetes)

[ ] allergies (alergias).

History of mental health problems (historial de problemas mentales): [ ] yes [X] no

How long have you had this problem (durante cuanto tiempo ha tenido este problema)?

[ ] Days (Dias) [ ] Months (Meses) Years (Años)

List the medications you are taking (que medicinas esta tomando). Interferon, Ribavirin, tylenol #3, Nifedipine

Your signature Michael Hill

INMATE DO NOT WRITE ON THE BACK OF THIS FORM

INCIDENT OR MEDICAL FACILITY | STATUS | DEPART /SERVICE | RECORDS MAINTAINED AT

PATIENT'S LOCATION | SENSATIVE | RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION (If typed or written entries given (name - last, first, middle, ID No. or SSN, Sex, Date of Birth, Rank/Grade.) | REGISTERED | WARD NO

Inmate Name: Michael Hill

Register Number: 40428-133

Institution: F.C.I. GILMER

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-8.202.1

...DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

OBJECTIVE: Temperature: Pulse: Respiration:

Weight: Oxygen Saturation: Blood Pressure:

If diabetic, blood sugar via fingerstick: mg/dl (normal range 70 -- 120 mg/dl; 1 hour post prandial <180; 2 hour post prandial <150 mg/dl)

9/30/05 @ 1130 (1) Renewal of 13 (2) Interm CCC visit scheduled

ASSESSMENT: Hep C+ Raynaud's Syndrome

PLAN: [X] This information will be referred to the primary care physician. CCC if not already scheduled

[ ] After discussion with the inmate, no appointment for this complaint is necessary at this time.

[ ] The inmate was education to return to sick-call whenever needed.

X (1) Tylenol #3 2 tabs PO @ 1930 Pill Line X 30 days

(2) Tylenol #3 2 tabs PO @ 0630 Pill Line On Fridays Only X 30 days

E. Anderson 9/30/05

P. Kyle, RN

STANDARD FORM 600 (REV. 6-87) BACK

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
9/14/05 0930h	Medrug Pt seen once again this AM — now complains of "prostate problems." States that his bladder, back & legs hurt — which he ascribes to his prostate, may refer him for Urologist — decreased BPH. Also asks for a PSA to be drawn. I/M informed will be done a.m. next lab draw. Feels Cardura is not working. Also states that he dribbled urine on his own & felt dizzy. Asked for Remeron — which is not formulary. Pt also on Nifedipine for hypertension — need to be weary of PSP needs. Pt in NAD today. Prostate symptoms explained to pt — would not cause L/E back pain. Pt also informed his Tylenol #3 was renewed last week. Pt to be seen q 3 mos or prn & of emergencies. Cardura last renewed 5/05

HOSPITAL OR MEDICAL FACILITY: FCI GILMER | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT: W. Dotzman, DO, DPM

SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

Hill, Michael
#40428-113

REGISTER NO. | WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-8.202-1

USP LVN

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
9/7/01 1024h	Medicine Pt's latest labs & notes from Rheumatologist & Neurologist reviewed. Still, no definite diagnosis at this. Please renew: ℞: Tylenol #3 1 tab po hs. x 30dy. Allow Tylenol #3 1 tab on Friday morning only. Thank you. W. Downey, DO, DPM

REVIEWED

BF8106975-001

Renee M. Dyce
Pharm. D, RPH

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
F.C.I. GILMER			
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*

Hill, Michael
40428-133

REGISTER NO. | WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

USP LVN

MEDICAL RECORD

AUTHORIZED FOR LOCAL REPRODUCTION

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

9/6/05

----------INMATE REQUEST FOR TRIAGE----------

INMATE COMPLETE THE FRONT SIDE OF THIS FORM ONLY

Today's date: 9/6/05 Your age: 50 Work Assignment: Orderly Unit: C-2

SUBJECTIVE: (Briefly state your question or concern and the solution you are requesting. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.

Complaint (Queja), What is your main problem (cual es su problema principal?): Need to see doctor so that everyday 7:30pm and Friday 6:30am pain meds can be renewed for 30 days, current meds expire 9-10-05. Also, pain, burning during urination with urgent, frequent need to urinate, cannot hold or control urine, meds not working.

History of medical problems (historial de problemas medicos):

[ ] none (nada) [ ] high blood pressure (presion alta)

[ ] heart problems (problemas de corazon) [ ] asthma (asthma)

[ ] seizures (convulsiones) [ ] diabetes (diabetes)

[ ] allergies (alergias):

History of mental health problems (historial de problemas mentales): [ ] yes [X] no

How long have you had this problem (durante cuanto tiempo ha tenido este problema)?

[ ] Days (Dias): [ ] Months (Meses): Years (Anos): 2

List the medications you are taking (que medicinas esta tomando): Nifedipine, tylenol #3, doxosin, interferon, Ribavirin

Your signature: Michael Hill

INMATE DO NOT WRITE ON THE BACK OF THIS FORM

OR MEDICAL FACILITY

S NAME	STATUS	DEPART /SERVICE	RECORDS MAINTAINED AT
	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

DENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth, Rank/Grade.)

REGISTER NO.	WARD NO.

ate Name: Michael Hill

ister Number: 40428-133

itution: FCI Gilmer

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-91)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

9/16/05
1300

OBJECTIVE: Temperature ____ Pulse ____ Respiration ____

Weight ____ Oxygen Saturation ____ Blood Pressure ____

If diabetic, blood sugar via fingerstick ____ mg/dl (normal range 70 - 120 mg/dl 1 hour post prandial <180

2 hour post prandial <150 mg/dl) N/A

ASSESSMENT: Urine Incontinence Renewal
Tx 3 (Run out on 10th)

PLAN: [X] This information will be referred to the primary care physician. Callout before 10th

[ ] After discussion with the inmate, no appointment for this complaint is necessary at this time.

[ ] The inmate was education to return to sick-call whenever needed

[ ] Other

C Hammer RN

STANDARD FORM 600 (REV 6-97) BP

MEDICAL RECORD

AUTHORIZED FOR LOCAL REPRODUCTION

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
9/2/05 10/200	INMATE REQUEST FOR TRIAGE
	INMATE COMPLETE THE FRONT SIDE OF THIS FORM ONLY
	Today's date: 9/2/05 Your age: 50 Work Assignment: orderly Unit: C-2
	SUBJECTIVE: (Briefly state your question or concern and the solution you are requesting. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.
	Complaint (Queja), What is your main problem (cual es su problema principal?): PAIN AND burning dusing usination AND AN Urgent, frequent need to urinate cannot hold or control urine. Also, ulcer/sore in mouth and need medication re-filled (tylenol #3)
	History of medical problems (historial de problemas medicos):
	[ ] none (nada) [ ] high blood pressure (presion alta)
	[ ] heart problems (problemas de corazon) [ ] asthma (asthma)
	[ ] seizures (convulsiones) [ ] diabetes (diabetes)
	[ ] allergies (alergias):
	History of mental health problems (historial de problemas mentales): [ ] yes [X] no
	How long have you had this problem (durante cuanto tiempo ha tenido este problema)? 2 years
	[ ] Days (Dias): [ ] Months (Meses): Years (Anos): 2
	List the medications you are taking (que medicinas esta tomando): Nifedipine, tylenol #3, Doxazin, interferon Ribavicin
	Your signature: Michael Hill

FOR MEDICAL FACILITY

INMATE DO NOT WRITE ON THE BACK OF THIS FORM

PT'S NAME	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.	WARD NO.

Inmate Name: Michael Hill

Register Number: 10428-133

Institution:

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-5.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
9/2/05 0700	OBJECTIVE. Temperature N/A Pulse Respiration
	Weight Oxygen Saturation Blood Pressure
	If diabetic, blood sugar via fingerstick mg/dl (normal range 70 – 120 mg/dl; 1 hour post prandial <180,
	2 hour post prandial <150 mg/dl)
	ASSESSMENT Cold sores.
	Chronic Dyspnea
	PLAN [✓] This information will be referred to the primary care physician. ASAP
	[ ] After discussion with the inmate, no appointment for this complaint is necessary at this time.
	[ ] The inmate was education to return to sick-call whenever needed.
	[✓] Other: Viscous lidocaine apply on mouth [illegible]
	Hydrogen Peroxide swish & spit @ 1130 + [illegible]
	1530 pill line X 3 days
	Marc Dib MS, PA-C LT, USPHS

REVIEWED
[illegible]
Renee M. Dye
Pharm-D, RPH

STANDARD FORM 600 (REV 6-97) BAC

PREVIOUS EDITION IS USABLE

AUTHORIZED FOR LOCAL REPRO

MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
HR 8/23/05 @1320	----------INMATE REQUEST FOR TRIAGE----------

INMATE COMPLETE THE FRONT SIDE OF THIS FORM ONLY

Today's date: 8/23/05 Your age: 50 Work Assignment: orderly Unit: C-2

SUBJECTIVE: (Briefly state your question or concern and the solution you are requesting. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.

Complaint (Queja), What is your main problem (cual es su problema principal?): ONE 60 mg tab of Nifedipine is no longer effective, vasospastic attacks due to Raynauds, connective tissue, and/or lupus is the underlying cause. Face itching

History of medical problems (historial de problemas medicos): Lupus, Hep-C, Glomerulopathy, c.t.d.

[ ] none (nada) [ ] high blood pressure (presion alta)

[ ] heart problems (problemas de corazon) [ ] asthma (asthma)

[ ] seizures (convulsiones) [ ] diabetes (diabetes)

[ ] allergies (alergias)

History of mental health problems (historial de problemas mentales): [ ] yes [ ] no

How long have you had this problem (durante cuanto tiempo ha tenido este problema)? YEARS

[ ] Days (Dias): [redacted] [ ] Months (Meses): 2 Years (Anos):

List the medications you are taking (que medicinas esta tomando):

tylenol #3 Nifedipine, interferon, Ribavirin, Doxazin.

Your signature: Michael Dill

HOSPITAL OR MEDICAL FACILITY — INMATE DO NOT WRITE ON THE BACK OF THIS FORM

SPONSOR'S NAME	STATUS	DEPART /SERVICE	RECORDS MAINTAINED AT
	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (If or typed or written entries, give: Name - last, first, middle, ID No or SSN; Sex; Date of Birth, Rank/Grade.)

REGISTER NO	WARD NO.

Inmate Name: Dill, Michael

Register Number: 40428-133

Institution: F.C.I. GILMER

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR 141 CFR) 201.9.202-1

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

1/25/06
@ 1330

OBJECTIVE: Temperature: Pulse: Respiration:

Weight: Oxygen Saturation: Blood Pressure:

If diabetic, blood sugar via fingerstick: mg/dl (normal range 70 – 120 mg/dl; 1 hour post prandial <180;

2 hour post prandial <150 mg/dl)

Inmate requesting med ↑ per Dr. Dotzman

ASSESSMENT: ① Raynaud's DS
② R/o Lupus vs MCTD
③ HpC ↑.

PLAN. [ ] This information will be referred to the primary care physician.

[ ] After discussion with the inmate, no appointment for this complaint is necessary at this time.

[ ] The inmate was education to return to sick-call whenever needed.

[X] Other: N. Nifedipine 30mg ÷ po day for total of 90mg daily #30 tab c 2RF

R. Nifedipine 90 mg po qD
60 in AM + 30 in PM
x 90 days
Thank you!

P. Kyle, RN

W. Dotzman, DO, DPM

STANDARD FORM 600 (REV. 6-87) BACK

REVIEWED

Renee M. Dye
Pharm. D., RPh

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
8/16/05 1000	Admin Note: Returned call to WVU Rheumatology Dept. The nurse stated "I slipped and told the inmate when he's supposed to come back." I told her we would need to reschedule since the inmate knows the date. She was aware of this because the Drivers had told her. She rescheduled his gastroenterology appointment with the next available DBrannonRHIT I Brannon, RHIT

HOSPITAL OR MEDICAL FACILITY: Gilmer | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT

SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)* Hill, Michael 40428-133 4-30-57 | REGISTER NO. | WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

USP LVN

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
8-10-05 1030	Admin Note: Requested records faxed to J. Osten as requested. 65 pages sent! I Brannon RHIT
	I Brannon, RHIT
	W. Dotzman, DO, DPM
8/12/05 1300	Medicine
	℞ Continue Tylenol #3 schedule as Tylenol #3 ii tabs po hs and allow ii tabs in pill line on Friday mornings only.
	W. Dotzman, DO, DPM
	REVIEWED AUG 12 2005 Renee M. Dye Pharm. D, RPH BP8106975-001
11/3/05	Medicine Pt seen briefly today discussed ↓ values – cont ō present Rx check CBC in 1 week.

HOSPITAL OR MEDICAL FACILITY: Gilmer | F.C.I. GILMER | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT: W. Dotzman, DO, DPM

SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.) | REGISTER NO. | WARD NO.

Hill, Michael
40428-133
4-30-57

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

USP LVN

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
8/15/05	I/m returned from med trip. I/m
1920	states is "fine" Consult Returned
	to chart. C. Hammer
	W. Dotzman, DO, DPM
8/16/05	Medicine (Out Of Sequence)
1255h	
	Seen this AM — f/u visit from
	Rheumatology. [illegible] final
	report. Will ↑ Nifedipine.
	Appears well in NAD. Had labs drawn
	this morning.
	O/ NAD, AAO ×3.
	HT: nnn [illegible]
	L: CTA
	Ext: [illegible] appearance to hands.
	A/P ① MCTD vs SLE.
	ē Raynauds Dz.
	P: ↑ Procardia to 30 mg po BID × 30d.
	Await [illegible] report from
	Rheum. Discussed
	W. Dotzman, DO, DPM
8/17/05	PHARMACY NOTE: I/M ALREADY ON 60MG OF XR
0750	NIFEDIPINE.

Renee M. Dye
Pharm D. RPH

STANDARD FORM 600 (REV. 6-97) BACK

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
7/19/05 1340h	Medicine — ENDOCRINE LIPID INFECTIOUS DISEASE PULMONARY MENTAL HEALTH
	Pt to start Peg/Rib to tx C. Sees Mr. fm, wishes tx. aware of poss. S/E side effects.
	Asks about Tx dose of Tylenol #3 — plan to hold off for the moment
	of d/c ... Tylen #3.
	Ht: nml C/L
	G: GPR
	PPd ⊖
	A/P ① Chronic HCV infection
	Rx: Begin Peg Interferon 180µg q week × 48 weeks.
	" Ribavirin 200 iii tabs po BID.
	* Note any flu-like symptoms & report!
	© Naproxen Dx.
	— not ...
	Renew Tylenol #3 ii tabs po hs × 30 d.
	F/U 1 month

REVIEWED JUL 19 2005

HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT

SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR

[signature] Dotzman, DO
BF8108 ... 975-001
... Dotzman, DO, DPM

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.) | REGISTER NO. | WARD NO.

HILL, MICHAEL W
40428-133
FCI GILMER HOUSING - C02-205
07/19/2005

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

USP LVN

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
7/31/05 @ 1130	Admin note: I/M C/O Constipation since starting Ribavirin. Given MOM 60cc x 1 dose. [signature]
8/2/05 1240h	Medicine [illegible] — [illegible] [illegible] on [illegible]. [illegible] [illegible] Rheumatology [illegible] [illegible] [illegible] have [illegible] #2 [illegible] #3 on Fridays mornings only [illegible] the [illegible] dose. Also [illegible] some constipation [illegible] [illegible].
113/73, P=71	O/ BP = 113/73, P = 71. Ht: [illegible] Lungs: CTA Abd ⊖ Ext: ⊖ c/c/E
	A/P ⊖ Chronic Hep C infection / mild constipation — [illegible] previous.
Rx:	— allow Tylenol #3 ii tabs [illegible] on Friday mornings only. — Docolax ii tabs po [illegible] [illegible] for 9 months
AUG 0 2 2005 Renee M. Dye Pharm. D, RPH	[illegible] W. Dotzman, DO, DPM

J. W. Lowry, DO 08-1-05 0830

STANDARD FORM 600 (REV. 6-97) BACK

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MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
7/12/05 HR	INMATE REQUEST FOR TRIAGE

INMATE COMPLETE THE FRONT SIDE OF THIS FORM ONLY

Today's date: 7/12/05 Your age: 50 Work Assignment: orderly Unit: C-2

SUBJECTIVE: (Briefly state your question or concern and the solution you are requesting. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Complaint (Queja). What is your main problem (cual es su problema principal?): ~~father~~ feels like something is in my ~~throat~~ throat most of the time, hands, face and ear itch (Scleroderma). Pigmentation changing Rash, Pain in throat

History of medical problems (historial de problemas medicos).

[ ] pain (pain) [ ] high blood pressure (presion alta)

[ ] heart problems (problemas de corazon) [ ] asthma (asthma)

[ ] seizures (convulsiones) [ ] diabetes (diabetes)

[ ] allergies (alergias)

History of mental health problems (historial de problemas mentales): [ ] yes [X] no

How long have you had this problem (durante cuanto tiempo ha tenido este problema)?

[ ] Days (Dias) [ ] Months (Meses): 3 Years (Anos): 2

List the medications you are taking (que medicinas esta tomando).

Nifedipine, tyl #3, Doxozin

Your signature

INMATE DO NOT WRITE ON THE BACK OF THIS FORM

FINAL DISPOSITION	STATUS	DEPART /SERVICE	RECORDS MAINTAINED AT
PRISONER NAME	SSN/ID NO	RELATIONSHIP TO SPONSOR	

(FOR DISPOSITION ENTRIES) If an typed or written entries given: Name - last, first, middle, ID No or SSN, Sex, Date of Birth, Rank, Grade)

REGISTER NO | WARD NO

Inmate Name: Michael Hill

Register Number: 40428-133

Institution: F.C.I. GILMER

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-91)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202.1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
7/12/05 730	OBJECTIVE: Temperature: 99.9 Pulse: Respiration:
	Weight: Oxygen Saturation: Blood Pressure: 127/79
	If diabetic, blood sugar via fingerstick: mg/dl (normal range 70 -- 120 mg/dl; 1 hour post prandial <180
	2 hour post prandial <150 mg/dl)
	C/o knot on outer aspect of thigh for a "while" but resolved x 3 months. C/o bilateral hand hypopigmentation and on face. C/o rash on jaw that itches
	ASSESSMENT:
	PLAN: [X] This information will be referred to the primary care physician.
	[ ] After discussion with the inmate, no appointment for this complaint is necessary at this time.
	[ ] The inmate was educated to return to sick-call whenever needed.
	[X] Other:
	① Betamethasone dip lotion apply to rash sparingly as needed Bnd # 45g UR
	REVIEWED JUL 12 2005 Renee M. Dye Pharm. D, RPH
	Marc Dib MS, PA-C

STANDARD FORM 600 REV 6 97 BACK

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
0/30/05	Medicine
1000h	Pt seen by APP - multiple somatic complaints but in NAD, has seen multiple specialists, multiple lab tests, report from Rheumatologist & Nephrologist noted. Pt remains closer but is a chronic process. Pt to remain on Nifedipine for Raynauds, consider ACEI as well at low dose. Pt seems mainly concerned about obtaining more pain medications. Does need Hep C follow-up, Pt to be [illegible] O/R. c/ NAD, ambulated to clinic.
	* Pt has copies of lab work & reports and [illegible] - fixates on lab values - most are not clinically significant. BUN/Creat are normal. Pt should f/u c Nephrologist 1x/year. Also f/u c GI for eval
✱ A/P	⊖ Raynauds - on Nifedipine will increase 1#3 to 1 tab po BID x 90d.

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO. | WARD NO.

FCI, Gilmer

Hill, Michael
40428-133

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

USP LVN

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
6/30/05 1600h	(Cont...)
	(2) Membranous Glomerulopathy
	̄c hold Continue low dose ACE I.
	Lisinopril 10 mg po qD.
	(3) Chronic Hep C
	- as per GI. Pt to
	follow Hep C protocol.
	(4) D/c Salsalate.
	[illegible signature]
7/1/05 1250h	Medicine
	Δ T#3 to ii tabs po at bedtime.
	Allow Motrin 800 mg po BID prn x
	90 dy
	[illegible signature]
	REVIEWED
	JUL 11 2005
	Renee M. Dye
	Pharm. D, RPH

Q130 Dotzman

PREVIOUS EDITION IS USABLE

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

HR

4/28/05

0650

----------INMATE REQUEST FOR TRIAGE----------

INMATE COMPLETE THE FRONT SIDE OF THIS FORM ONLY

Today's date: 6/28/05 Your age: 49 Work Assignment: orderly Unit: C-2

SUBJECTIVE: (Briefly state your question or concern and the solution you are requesting. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.

Complaint (Queja), What is your main problem (cual es su problema principal?): Painful growth/Node on [redacted] throat. Also, tylenol #3 [redacted] for Raynauds needs to be re-written for 30 days, is about to expire in a few days. This is my third attempt Please Assist! See med chart

History of medical problems (historial de problemas medicos): Hep-C, Raynauds, Glomerulopathy

[ ] none (nada) [ ] high blood pressure (presion alta)

[ ] heart problems (problemas de corazon) [ ] asthma (asthma)

[ ] seizures (convulsiones) [ ] diabetes (diabetes)

[ ] allergies (alergias).

History of mental health problems (historial de problemas mentales): [ ] yes [ ] no

How long have you had this problem (durante cuanto tiempo ha tenido este problema)? ONE month

[ ] Days (Dias): ____ [ ] Months (Meses): ____ Years (Anos): ____

List the medications you are taking (que medicinas esta tomando):

Nifedipine, tylenol #3 for severe Raynauds and possible connective tissue disorder (see). These two medication are needed in combination (together). Need to see Doctor for throat

Your signature:

INMATE DO NOT WRITE ON THE BACK OF THIS FORM

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (If or typed or written entries, give: Name (last, first, middle); ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO	WARD NO.

Inmate Name: Michael W. Hill

Register Number: 40428-133

Institution: F.C.I. GILMER

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
	OBJECTIVE: Temperature: Pulse: Respiration:
6/28/05	Weight: Oxygen Saturation: Blood Pressure:
	If diabetic, blood sugar via fingerstick: mg/dl (normal range 70 -- 120 mg/dl; 1 hour post prandial <180;
	2 hour post prandial <150 mg/dl)
0650.	Has had for more than 6 wks
	ASSESSMENT: Poss rash on neck
	PLAN: [ ] This information will be referred to the primary care physician.
	[ ] After discussion with the inmate, no appointment for this complaint is necessary at this time.
	[ ] The inmate was education to return to sick-call whenever needed.
	[ ] Other.
	[signature]
	[signature] HSA / [illegible]

STANDARD FORM 600 (REV 6-97) BACK

PREVIOUS EDITION IS USABLE

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
6/25/05 HR 1520	----------INMATE REQUEST FOR TRIAGE----------
	INMATE COMPLETE THE FRONT SIDE OF THIS FORM ONLY
	Today's date: 6/23/05 Your age: 49 Work Assignment: OCDetly Unit: C-2
	SUBJECTIVE: (Briefly state your question or concern and the solution you are requesting. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.
	Complaint (Queja), What is your main problem (cual es su problema principal?): Swollen lump on throat/ wind-pipe, very painful, difficulty swallowing. Became very painful within last two weeks. Also need current medications renewed.
	History of medical problems (historial de problemas medicos): Hep-c, Raynauds, Glomerulopathy
	[ ] none (nada) Hep-c, Raynauds, Kidney [ ] high blood pressure (presion alta) NO
	[ ] heart problems (problemas de corazon) NO [ ] asthma (asthma) NO
	[ ] seizures (convulsiones) NO [ ] diabetes (diabetes) NO
	[ ] allergies (alergias): NO
	History of mental health problems (historial de problemas mentales): [ ] yes [X] no
	How long have you had this problem (durante cuanto tiempo ha tenido este problema)?
	[ ] Days (Dias): ___ [ ] Months (Meses): 90 Years (Anos): ___
	List the medications you are taking (que medicinas esta tomando): Nifedipine & Tylenol #3 once a day at 7:30pm
	Your signature:

HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT

SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR

INMATE DO NOT WRITE ON THE BACK OF THIS FORM

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.) | REGISTER NO. | WARD NO.

Inmate Name: Michael Hill

Register Number: 48428-133

Institution: F.C.I. GILMER

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
6/23/05 1315	OBJECTIVE: Temperature: N/A Pulse: Respiration:
	Weight: Oxygen Saturation: Blood Pressure:
	If diabetic, blood sugar via fingerstick: mg/dl (normal range 70 -- 120 mg/dl; 1 hour post prandial <180;
	2 hour post prandial <150 mg/dl)
	S- swollen area to neck
	O- swollen area to neck, tenderness to touch.
	Speaks & Difficulty.
	ASSESSMENT: Possible cyst on neck
	Motrin 800mg TID, Tylenol #3 QD/1530 only
	T. Coberly, RN
	PLAN: [ ] This information will be referred to the primary care physician.
	[ ] After discussion with the inmate, no appointment for this complaint is necessary at this time. T. Coberly
	[ ] The inmate was education to return to sick-call whenever needed.
	[ ] Other:
	E- Warm compresses to neck 2-3 times per day.
	E- medication as prescribed
	T. Coberly, RN
	T. Coberly
	DO Tzeman

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